
CLINICAL TREATMENT:

1370

SPECIALTY TREATMENT PROGRAM

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STATEWIDE TRANSITIONAL RESIDENTIAL PROGRAM [STRP]**Definition**

The Statewide Transitional Residential Program (STRP) is a 90-120 day residential treatment service directly contracted by CONREP Operations for use by the CONREP Programs. A STRP program is licensed as a non-medical Community Care Facility that provides a highly structured psychiatric residential program. There are three programs available throughout California: 1) Gateways Satellite in Los Angeles; 2) Northstar Program in Stockton; and 3) Southpoint Program in El Cajon.

Purposes

STRP programs were developed to assist specific CONREP patients transition from the forensic state hospital to the community. Service duration is typically three months and should not exceed 120 days. These programs provide patients an opportunity to learn and demonstrate appropriate community living skills in a controlled 24-hour supervised setting before they are placed into community sites. This allows the CONREP program to assess the patient's level of functioning with regard to taking medications, handling interpersonal relationships appropriately and remaining substance free.

In cases involving community referrals, if patients experience difficulty adjusting or coping in the community, they may be placed in a STRP in lieu of rehospitalization. The STRP program allows these patients to benefit from a structured review of CONREP expectations and to restabilize when they exhibit increases in psychiatric symptoms (decompensation) or treatment noncompliance. In these circumstances, the STRP can serve as a graduated intervention short of rehospitalization.

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STATEWIDE TRANSITIONAL RESIDENTIAL PROGRAM [STRP]

Population

The primary populations to be served are severely mentally disabled patients, including MDOs (PC2964 or PC2972) and patients found Not Guilty By Reason of Insanity (PC1026). Other commitment types such as Incompetent to Stand Trial (PC1370), Mentally Disordered Sex Offenders (Former WIC6300), and Sexually Violent Predators (WIC6600) require the prior approval of CONREP Operations before they may be accepted into an STRP.

Referral Information

Each CONREP program is responsible for referring patients to any of the three STRP program sites. The referring CONREP program is responsible for providing the following information to the STRP upon referral.

- * MH 5628 Referral Face Sheet;
- * Summary Information indicating purpose of referral;
- * Forensic Data Base information as available:
 - 1. Arrest and Probation reports;
 - 2. Alienist's Evaluations;
 - 3. Court ordered evaluations;
 - 4. Maximum commitment computation or parole date;
 - 5. Criminal justice history; and
 - 6. Historical, psychosocial, medical and legal information;
- * State Hospital Summaries including Recommended Continuing Care Plan (RCCP), if and when available;
- * Last two Quarterly CONREP Reports and most recent Annual Case Review, if available for community referrals;

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STATEWIDE TRANSITIONAL RESIDENTIAL PROGRAM [STRP]**Referral Information** (cont.)

- * Medical Exam within six months of placement into STRP including TB test results (PPD test or Xray results for those who test positive on PPD test);
- * Medication Record (preferably for the past year); and
- * A STRP may require other information upon referral based on licensing and/or other requirements.

Admission Approval

Acceptance of the patient into a particular STRP is the decision of the STRP program. In most instances, the STRP will require an interview with the patient prior to making that decision. This can be accomplished by telephone or through a face-to-face interview in the patient's current setting.

The CONREP program should make no promise to the court, state hospital staff or the patient concerning the patient's acceptability for one of the STRPs until they have received approval for the patient's placement from the STRP. CONREP programs should also work closely with courts and the Board of Prison Terms regarding an STRP placement, including notification that the patient has been screened and accepted, as well as the approximate timeline for placement.

Emergency Placements

Emergency placement into a STRP, whether as a result of a court order or a community referral, requires CONREP to work closely with the STRP ensure bed availability. It is also important that other patients awaiting STRP placement are not deferred, as a result of the emergency placement. To accomplish this, a CONREP program may need to inquire at other STRP programs regarding bed availability.

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Placement Information

Prior to placement of the patient into an STRP program, the referring CONREP program shall provide the following information to the STRP:

- * Copy of Court Order or DMH Certification for outpatient treatment (Form MH 1787);
- * Designation letter from CONREP Program Director; and
- * Signed copy of the Terms & Conditions of Outpatient Treatment

Other material may be required by an individual STRP program prior to or at the time of admission to the program.

Transportation

CONREP programs are responsible for arranging and funding transportation to the STRP upon admission and from the STRP upon discharge. The STRP programs are responsible for arranging and funding transportation only when a patient requires rehospitalization into a state hospital or for any STRP program services.

Programming

The STRP programs are designed to treat CONREP patients through a psycho-educational process over a 90-day period. Treatment services should be developed that allow the STRP to perform those services within the time frame allotted and should be focused on behavioral indicators that can be observed and assessed. An additional 30 days may be added to the patient's stay based on progress towards achieving those behavioral criteria established by the STRP.

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STATEWIDE TRANSITIONAL RESIDENTIAL PROGRAM [STRP]**Programming (cont.)**

Treatment should focus on such issues as anger management, medication education and compliance, daily living skills training, symptom management, substance abuse education and social skills training. The treatment plan developed based on this focus should be geared toward continuation by the referring CONREP program. Any long-term treatment issues should be deferred until the patient is placed into his/her community and should be addressed by the referring program.

Treatment Services

STRP is a Community Outpatient Treatment Level of Care. STRPs and referring CONREP programs will provide, at a minimum, the core service standards for each patient. Core treatment services for individual contacts, group contacts, substance abuse screenings and a monthly collateral contact via telephone are provided by the residential treatment staff. One home visit during the patient's stay, one collateral visit via telephone per month and Annual Case Reviews are provided and should be reported by the CONREP program of commitment.

Specific requirements for Core Service Standards to be provided within STRP programs are detailed below. For more information on the Level of Care and Core Service definitions, please refer to **Section 1340: CORE SERVICES** of this manual

STRP Core Service Standards**Residential Individual Contacts**

The two Residential Individual Contacts required each month should focus on assessment of a patient's level of risk and progress in the program. Individual sessions are provided by the treating clinician in the STRP and are documented according to the Policy and Procedures set forth by the specific STRP.

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STRP Core Service Standards (cont.)

Residential Individual Contacts (cont.) The first session following admission should provide an assessment of the patient's presenting issues, current functioning and a description of the reasons for the referral. Within a week of admission, the clinician shall have developed a treatment plan that sets forth the goals and objectives for the specific patient.

Residential Group Activity The Residential Group Activity standard is 10 contacts per month. Group contacts will address a range of psycho-educational treatment topics. These will include, but not be limited to, understanding and managing of medications, anger management, basic independent living skills training, and substance abuse programs. Patients will be assigned to groups according to the individual treatment plan. Other activities will focus on community integration (shopping, taking a bus) and recreational activities. A schedule of all groups and activities will be published on a weekly basis.

Residential Collateral Contact The Residential Collateral Contact standard is two contacts per month, one each by the STRP and by the CONREP program of commitment. CONREP programs are expected to maintain telephone contact at a minimum of once per month with the STRP staff for joint planning around present and future treatment. This contact is considered the Collateral Contact to meet the minimum Core Service Standard. Both the CONREP program and the STRP should record this contact in their respective records and each shall enter the telephone contact into the CONREP data system to meet the twice per month requirement.

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STRP Core Service Standards (cont.)

Home Visit

The CONREP program of commitment is expected to visit the patient at least once during the patient's stay in the STRP and to document that visit. This visit serves as the Home Visit required of the CONREP program over the period of time the patient is in the STRP.

Substance Abuse Screening

The STRP will do weekly Substance Abuse Screenings, as required for Core Services. This should be done at both scheduled and unscheduled times, including periodically after the patient has been on an unescorted community outing.

Annual Case Review

It is the responsibility of the CONREP program of commitment to conduct the patient's Annual Case Review should that fall due during the stay in the STRP.

Room Searches

The STRP is expected to do room searches to ensure that patients do not possess prohibited materials or weapons. These searches should be documented in the patient record.

Medications

The Psychiatric Practices Guidelines apply to the STRP. When major changes are made to a patient's medications, a consultation should be conducted, whenever possible, with the referring program around the suggested change, prior to instituting it.

Documentation

Program Responsibility

STRP will follow the guidelines established for CONREP programs for purposes of documentation. Quarterly and Annual Reports, however, will be the responsibility of the referring CONREP program.

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Documentation (cont.)

Revocation or Rehospitalization

When a patient requires revocation or rehospitalization, the STRP staff must file the appropriate documentation with the committing court or the parole agent, as well as the state hospital to which the patient is sent. In addition, the STRP clinician shall be responsible to testify at the court hearing or the Board of Prison Term Hearing for MDO Parolees, as required.

Bi-monthly Summaries

The STRP program will write summaries at least twice a month on each patient in its care and fax the summary to the referring CONREP and to CONREP Operation's STRP liaison. This summary should provide an update to the referring program indicating the progress toward meeting the criteria for transition to the community. It should address involvement in individual and group therapy, interaction level with peers and staff, conflict resolution, progress in substance abuse education, and medication compliance, where appropriate.

Discharge Summary

A discharge summary will be developed for each patient who leaves the STRP, regardless of type of discharge. This summary should briefly indicate the reason for the placement with reference to the controlling offense, the goals and objectives set for the patient, how well the patient progressed in achieving those goals and the final disposition of the patient.

STRP Policy and Procedures

Each STRP shall develop policies and procedures concerning the Core Service Standards and other requirements indicated above for inclusion into the STRP's own Policy and Procedure Manual.

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Relationships with Local Law Enforcement & Parole Agencies

The STRP staff should develop relationships with the local law enforcement and parole agencies. Law enforcement contacts are important to facilitate the safe and effective return of patients to the state hospital and to respond when dangerous situations develop with a patient.

Parole agents have final responsibility for any MDO parolee who resides in the STRP. Therefore, the STRP staff needs to develop an understanding about mutual roles and responsibilities for each MDO parolee placed. The program should cultivate the relationship with the parole agent at the time the parolee is placed into the STRP.

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STRP PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

A. PROGRAM PHILOSOPHY

All aspects of the program reflect implementation of an overall philosophy, which is consistent with the CONREP program philosophy detailed in the CONREP Policy and Procedure Manual.

B. ORGANIZATIONAL STRUCTURE

1. An Organizational Chart exists that reflects lines of authority and staff roles.
2. Program and Clinical Responsibility are clearly assigned and evident to all program staff.

C. CLINICAL STAFF

1. Clinical staff are licensed or have a waiver of license to perform clinical functions.
2. Program staff have degrees, certificates, training, or experience qualifying for the performance of the individual and group sessions that they are required to perform.
3. Program staff reflects the ethnic and language diversity of population expected to be served.
4. Program staff demonstrates an ability to function as an effective interdisciplinary team and communicate effectively.
5. Clinical supervision is accessible to and utilized by all staff.

D. POLICY AND PROCEDURE COMMUNICATION

1. The program has developed written internal policies and procedures that are consistent with those issued by DMH and maintains a local program policy and procedure manual. This program manual contains documentation of the following procedures:
 - a. Referral procedures to the STRP, including the information and paperwork which a referring CONREP must provide for a successful referral to the STRP;
 - b. Process for evaluating a potential patient's readiness for the STRP;

SPECIALTY TREATMENT PROGRAMS

STRP PROGRAM REVIEW GUIDELINES**I. PROGRAM ADMINISTRATION AND OPERATIONS****D. POLICY AND PROCEDURE COMMUNICATION (cont.)**

- c. Development and implementation of a treatment plan, including procedures updating it to reflect any significant changes (significant changes in medication, therapeutic involvement with patients' significant others, compliance issues, overnight patient visits outside the STRP program, extension of the patient's program stay, etc.);
 - d. Revocation/Rehospitalization procedures including specific agencies, names and telephone numbers of persons to be contacted to facilitate this process;
 - e. Plan for operationalizing the 90-day treatment structure with 30-day extension criteria.
- 2. Copies of the Penal Code, the CONREP Policy and Procedure Manual, and State Forensic Information Letters are easily available, kept up to date and are used by program staff.
 - 3. Staff administrative meetings are held periodically and are documented.
 - 4. A procedure exists to provide all new staff with orientation to CONREP (including, but not limited to the CONREP philosophy, state policy and procedures, and appropriate statutes).

E. CLINICAL PROCEDURES**1. CONREP Program Referrals**

- a. Criteria exist for Admission, Discharge (including 90-day stay and 30 day extension) and Revocation/Rehospitalization;
- b. Procedures for tracking CONREP Program referrals have been established with prioritization for filling beds when Program is operating at capacity;
- c. CONREP Referral file exists for each CONREP patient referred; and
- d. Program demonstrates effective working relationships with various CONREP Programs.

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STRP PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

E. CLINICAL PROCEDURES (cont.)

2. Program Schedule

- a. Program has a daily schedule of events published at least a week in advance. This schedule reflects the various types of group and activities that will take place during the week; and
- b. Groups and activities are directed to meet treatment needs of current population. Variety of Focused Psychoeducational Groups including medication management, anger management, basic independent living skills training, substance abuse programs, etc. Groups have a specific focus and patients assigned according to their need.

3. Core Services

- a. Treatment services are of the type and frequency to meet Core Service Requirements for STRP; and
- b. An effective system exists to monitor the provision of core services.

4. Community Relationships

Effective relationships with local parole and law enforcement agencies exist.

5. Confidentiality

- a. Patient records are maintained in a secure location to protect confidentiality;
- b. Procedures exist for the protection of patient confidentiality and release of information; and
- c. Notices of Confidentiality (MH 1711) are on file for all staff who receive or handle any confidential information.

6. Other Patient Rights and Responsibilities

- a. Staff is aware of situations that present a Duty to Warn when confidentiality does not apply;
- b. Procedures are established for patient access to records and a Statement of Access to Record procedure is posted;

SPECIALTY TREATMENT PROGRAMS

STRP PROGRAM REVIEW GUIDELINES**I. PROGRAM ADMINISTRATION AND OPERATIONS****E. CLINICAL PROCEDURES (cont.)**

- c. Staff is aware of necessary actions if a patient is in possession of a dangerous weapon, according to legal class;
- d. Program compliance with offender registration (Sex, Arson, Narcotic/Drug offenses) is ensured upon patient's admission to CONREP, quarterly, and with any change of name or residence; and
- e. Documentation of voter registration notification exists via Instructional and Declaration Form and is kept for two years in a separate file.

7. Grievance Process

- a. Program has established grievance procedures for patient complaints based on policies disseminated by the State Department of Mental Health, including access to patient rights advocates; and
- b. Patient grievance procedures are posted and copies of CONREP Patient Grievance Form (MH 7010) are readily available to all patients.

8. Special Incident Reports

- a. A separate "Special Incident Reports" (SIR) file exists which documents all program occurrences during the past seven years which meet the "special incident" definition and CONREP Operation reviews; and
- b. Following the CONREP Operations' response to a SIR, the program conducts and documents an internal review, including any program changes made prior to or following the filing of the SIR.

9. Revocation and Rehospitalization

- a. Procedures exist which specify the criteria for which a patient should be *reviewed* for hospitalization pending a judicial or DMH hearing for revocation or rehospitalization for MDO parolee/patients; and
- b. These procedures specify those persons and agencies to be contacted, transportation arrangements and completion of the appropriate rehospitalization referral packet.

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STRP PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

F. OPERATIONAL PROTOCOLS

1. Substance Abuse Screening

- a. Urine samples are obtained at random, unscheduled times and are submitted to the CONREP statewide contract lab;
- b. Program has written procedures for collection of urine, which assure the integrity of the specimen and testing procedure. These procedures meet the guidelines for substance abuse screening and specimen collection as established in the CONREP Policy and Procedure Manual. Program staff is trained and is able to demonstrate proper specimen collection practices;
- c. There is a clearly articulated written policy against prohibited substance use by patients;
- d. There are written procedures for staff observation of patients for signs of prohibited substance use; and
- e. Skilled substance abuse treatment services are provided and/or are obtained from other sources and patient's attendance is monitored.

2. Specific Infectious Diseases

- a. The program has identified an HIV/AIDS/HBV resource person to whom other staff and patients can be referred for the most current information and materials;
- b. Policies and procedures dealing with HIV and HBV virus exposure and infection for both patients and staff are incorporated into program operation;
- c. Universal precautions are utilized for the handling of all body fluids, including wearing disposable latex or vinyl gloves; and
- d. Case management concerns are considered when developing the medical care plan for patients with specific infectious diseases.

3. Clozapine Treatment

- a. Programs have a Clozapine Treatment Systems (CTS) policy and procedure.
- b. Procedures and requirements for Clozapine treatment services are incorporated into the *Terms and Conditions of Outpatient Treatment* for patients receiving Clozapine.

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STRP PROGRAM REVIEW GUIDELINES**I. PROGRAM ADMINISTRATION AND OPERATIONS****G. PHYSICAL PLANT**

1. Program offices and other sites are reasonably accessible and conducive to the provision of treatment and supervision.
2. Program has provided certification by appropriate authority that all sites meet all applicable requirements of the Americans With Disabilities Act with regard to accessibility of the building and available parking, or reasonable accommodation.

H. SECURITY MEASURES

1. Reasonable precautions for protection of staff and patients, including adequate office security and periodic room searches, are evident. These procedures are outlined in the Program's Policy and Procedure Manual.
2. Emergency procedures and protocols exist in case of patient injury, assaultive behavior or natural disaster.

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STRP PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

A. PATIENT RECORD

1. A record exists for each patient and contains necessary referral information including:
 - a. MH 5628 Referral Face Sheet;
 - b. Summary information provided by referring CONREP;
 - c. Copy of Court Order or DMH Certification for outpatient treatment; and
 - d. Designation letter from CONREP Program Director responsible for the patient.
2. A review of specific records indicates presence of appropriate documentation in these general categories.
 - a. Forensic Data Base (e.g. arrest and probation reports, court ordered evaluations, commitment order; maximum commitment computation form, and other relevant historical medical and legal material and legal information such as reports on committing offense and criminal justice history);
 - b. Relevant clinical information and background reports including social and mental health histories, offense precursors and risk factors, psychological testing, psychiatric evaluations, court reports and behavioral evaluation data;
 - c. Copy of Terms & Conditions of Outpatient Treatment;
 - d. Current Treatment Plan;
 - e. Current Individual Risk Profile;
 - f. Verification of Sex, Arson or Substance Abuse Offender Registration, if applicable; and
 - g. Clinical services and staffing reports.
3. Progress Notes
 - a. Progress notes and other entries in the patient's clinical record reflect the services, treatment issues and interventions actually provided;
 - b. Minimum of Bi-weekly Summary Reports concerning patient's progress during that period; and

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STRP PROGRAM REVIEW GUIDELINES**II. CLINICAL SERVICES AND DOCUMENTATION****A. PATIENT RECORD (cont.)**

- c. Contacts with CONREP program of commitment are completed at least monthly, include any significant changes in patient's program and are documented in the patient record.
- 4. Discharge Summary for all patients one week following departure from facility that includes progress made during treatment, disposition of patient following treatment, and reason for revocation/rehospitalization if that was the disposition.
- 5. The CONREP patient record shall not contain SIR reports, CI&I "Rap Sheets", Voter Registration Forms and identification of other patient names.

B. TREATMENT PLANNING**1. Admissions/Discharges**

- a. Specific justifications for recommendations are documented; and
- b. Follow-up planning is appropriate for continuing care.

2. Forensic Treatment Focus

- a. The mental health treatment and supervision services provided by the program are clinically focused on forensic treatment with a primary emphasis on relapse prevention including ability to take medication, remain free from prohibited substances, and demonstrate appropriate behavior with peers and staff;
- b. Forensic issues are delineated in the treatment plan;
- c. Services are focused on behavior related to instant offense and offense history; and
- d. Risk assessment and the potential for decompensation are noted.

3. Court Approved Terms and Conditions of Outpatient Treatment

Terms and Conditions of Outpatient Treatment are current, specific to the needs of the individual patient, appropriate, and comprehensive and contain an addendum for the STRP program.

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STRP PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

B. TREATMENT PLANNING (cont.)

4. Treatment Plan

- a. A treatment plan is developed for each patient within one week of admission and documented in the patient record;
- b. Treatment plans are current with input from case conferences, clinical staffings, psychological assessment results, Precursor Profiles, special incident analysis, and other forms of objective assessment;
- c. Treatment plans are updated when significant changes or new issues are identified;
- d. Individualized treatment plans relate directly to the patient's diagnosis, commitment type, actual offense, risk factors, warning signs, and adaptive behaviors to test for appropriateness to return to the CONREP program responsible for the patient;
- e. Goals and objectives are clearly delineated, behaviorally specific, and measurable; and
- f. Treatment plans address the patient's transition following the 90-day stay.

5. Revocation and Rehospitalization

- a. Revocation is requested when the patient needs extended inpatient treatment or is not amenable or refuses to accept further outpatient treatment and supervision;
- b. Alternatives to hospitalization have been considered and documented including face-to-face discussions;
- c. Patient is involuntarily confined when he/she poses an imminent risk of harm to self or others; and
- d. Program submits Request for Revocation for judicial and PC 2970 commitments to the appropriate court documenting rationale for the request.

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STRP PROGRAM REVIEW GUIDELINES**II. CLINICAL SERVICES AND DOCUMENTATION****C. TREATMENT SERVICES****1. Residential Individual Contacts**

The content of progress notes indicates that forensic individual contacts maintain focus and attention on patient's criminal thought processes and related behavior.

2. Residential Group Activity/Contacts

- a. The content of progress notes for group sessions (contacts) is relevant to the level of peer/social interaction, interpersonal skills, coping with illness and life situations, cognitive/social skills and capacity to deal openly with forensic issues and mental illness;
- b. Notes of group sessions address level of interaction, interpersonal skills, cognitive and social skills and discussion of forensic issues; and
- c. Surnames of other group members are not evident in group notes.

3. Residential Collateral Contacts

Contacts with Program of Commitment are completed at least monthly and are documented in the case record.

4. Room Searches/Home Visits

- a. Room searches for contraband are conducted by staff and results are documented; and
- b. Home visits are conducted by the CONREP program responsible for the patient, once per quarter. Living situation is assessed for possible risk, including any behavior consistent with prior criminality or psychiatric decompensation.

5. Substance Abuse Screenings

Treatment notes adequately document frequency of urine screenings, the outcomes and, if positive, any response/action indicated in relation to the patient's potential risk.

6. Annual Case Review

Documentation exists which demonstrates an Annual Case Review has been conducted by the CONREP program of commitment, when required.

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STRP PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

C. TREATMENT SERVICES (cont.)

7. Psychiatric Services

Psychiatric services provided to CONREP patients meet community psychiatric practice standards. To this end, the program psychiatrist:

- a. Documents fully the rationale and indications for psychotropic medications prescribed;
- b. Documents in progress notes changes in diagnosis, signs and symptoms of the disorder, treatment recommendations, response to medications prescribed, compliance side effects and changes in medication with rationale for changes;
- c. Documents effectiveness of medications prescribed on an ongoing basis, along with the means of evaluating medication effectiveness;
- d. Prepares an admission note which addresses signs and symptoms of the disorder, treatment recommendations, response to medications prescribed, compliance, side effects, and changes in medication with rationale for changes, justifications for continued medication use (including risk/benefit, informed consent, and Tardive Dyskenisia), and advisement of the patient of his/her illness, need for treatment, proposed treatment plan, and risks/benefits of treatment;
- e. Incorporates forensic issues into proposed treatment and documentation;
- f. Orders necessary laboratory tests and initials results before filing them in the patient record, or, enters results in progress notes to verify awareness of results;
- g. Requests a copy of medical physical examinations conducted on program patients performed by other clinics or agencies;
- h. Fully informs patients of the proposed treatment program including the anticipated beneficial outcome, possible immediate and/or long term effects of medications prescribed, and alternative therapies and medications;
- i. Obtains patient's written or documented verbal assent to the plan of treatment, whenever possible;

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STRP PROGRAM REVIEW GUIDELINES**II. CLINICAL SERVICES AND DOCUMENTATION****C. TREATMENT SERVICES (cont.)**

- j. Participates in case conferences and staff meetings; and
- k. Has a clear procedure for emergency or vacation coverage.

8. Medication Services

Medication services provided are a well-integrated part of the patient's treatment plans. To this end the psychiatrist:

- a. Schedules opportunities to discuss medication issues with program staff;
- b. Follows the CONREP Psychiatric Practice Guidelines' Table of Upper Limits of Usual Dosage;
- c. Seeks expert consultation from a Psychopharmacological Consultation System (Medication Monitoring/Peer Review) when a plan of treatment is initiated which includes an exception to the psychotropic medication guidelines;
- d. Indicates the generic names of drugs, dosage, frequency of administration, and refill numbers on prescriptions;
- e. Provides patients with information on the medications they receive in a simple written format; and
- f. Uses PRN medications in accordance with prevailing community outpatient standards.

D. ASSESSMENT SERVICES

- 1. All patients are referred to CFAP within one week of admission.
- 2. Standardized Psychological Testing reports are included in the patient record. Raw test data is in the Psychologist's testing file.
- 3. BPFQs are completed within one month of admission.